

DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE 2/26/2019 THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT NAME: Certificate Department FAX (A/C, No): (713) 521-0125 PHONE (713) 521-9251 FAX (A/C, No): E-MAIL ADDRESS: Certificates@eldoradoinsurance.com El Dorado Insurance Agency, Inc. El Dorado Sec Srvs Ins Agy 3673 Westcenter Drive INSURER(S) AFFORDING COVERAGE NAIC # Houston TX 77042 INSURERA: Crum & Forster Specialty Insurance Co. 44520 INSURED INSURER B: Barnes Alarm Systems, Inc. INSURER C: PO Box 500280 INSURER D : INSURER E : Marthon 33050 INSURER F **REVISION NUMBER: COVERAGES** CERTIFICATE NUMBER: Blanket AI (02/19) THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER LIMITS INSD WVD **COMMERCIAL GENERAL LIABILITY** 1,000,000 EACH OCCURRENCE DAMAGE TO RENTED 100,000 CLAIMS-MADE X OCCUR A PREMISES (Ea occurrence) 5,000 Professional Liability GLO-582227 3/1/2019 3/1/2020 MED EXP (Any one person) x 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE 2,000,000 X POLICY PRO-PRODUCTS - COMP/OP AGG OTHER: COMBINED SINGLE LIMIT ALITOMORII E LIARII ITY \$ BODILY INJURY (Per person) s ANY ALITO ALL OWNED SCHEDULED BODILY INJURY (Per accident) AUTOS NON-OWNED AUTOS AUTOS PROPERTY DAMAGE s HIRED AUTOS s UMBRELLA LIAB EACH OCCURRENCE OCCUR **EXCESS LIAB** CLAIMS-MADE AGGREGATE DED RETENTION \$ WORKERS COMPENSATION PER STATUTE_ AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The General Liability policy includes a blanket automatic additional insured endorsement that provides additional insured status to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status. **CERTIFICATE HOLDER** CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN Monroe County School District ACCORDANCE WITH THE POLICY PROVISIONS. 241 Trumbo Road Key West,, FL 33040 **AUTHORIZED REPRESENTATIVE** R.L. Ring, Jr./GA10



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/23/2019

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1	DUCER /C INICI ID ANCE CEDVICES		C	ONTACT NAME:						
l	/S INSURANCE SERVICES 11420	1.5	PHONE (877) 287-1316 FAX (888) 443-6112 (A/C, No, Ext): (A/C, No):							
	BOX 500280	_	E-MAIL ADDRESS:							
MAF	RATHON FL 33050			INSURER(S) AFFORDING COVERAGE NAIC#						
			11	NSURER A: The H	22357					
INSU	IRED		ıı	NSURER B :						
BAF	RNES ALARM SYSTEMS INC		II	NSURER C :						
	1 FLAGLER AVE STE 503		<u> </u>	NSURER D :						
KEY	/ WEST FL 33040-4693	_	NSURER E :							
			_	NSURER F :						
CO	VERAGES C	FRTIFIC.	ATE NUM							
TH IN CE TE	HIS IS TO CERTIFY THAT THE POLICIE IDICATED.NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MA ERMS, EXCLUSIONS AND CONDITIONS	S OF INSUEQUIREMENTAL PERTAGE	URANCE LI ENT, TERN AIN, THE H POLICIES	ISTED BELOW HA I OR CONDITION INSURANCE AFF	OF ANY CONTRA ORDED BY THE MAY HAVE BEEN	TO THE INSURE CT OR OTHER I POLICIES DESI REDUCED BY P	DOCUMENT WITH RES CRIBED HEREIN IS SI	PECT TO WHICH THIS		
INSR LTR		ADDL SUB INSR WV		OLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYY)	LIN	MITS		
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP A	(
	OTHER:						COMPINED CINCLE LIMIT			
A	X ANY AUTO ALL OWNED SCHEDULED AUTOS AUTOS	X	21	UEC HV8232	02/27/2019	02/27/2020	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per personal solution of the control of the	<u> </u>		
	X HIRED X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)			
	UMBRELLA LIAB EXCESS LIAB CLAIMS- MADE						AGGREGATE			
	DED RETENTION \$									
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE E E.L. EACH ACCIDENT E.L. DISEASE -EA EMPLO E.L. DISEASE - POLICY LII	YEE		
Thos	CRIPTION OF OPERATIONS / LOCATIONS / VI se usual to the Insured's Operations. ched to this policy.							ment HA9916,		
Mon 1310	RTIFICATE HOLDER aroe County School District UNITED ST WEST FL 33040-3412			CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE						
1				Susan S. Castaneda						

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				CONTACT NAME:	CONTACT NAME:						
PAYCHEX INSURANCE AGENCY INC 76210754				PHONE (877) (A/C, No, Ext):	()						
150 SAWGRASS DRIV			E-MAIL ADDRESS:								
ROCHESTER NY 1462	0				INSURER(S) AFFORDING COVERAGE NAIC#						
				INSURER A: The TV	INSURER A: The Twin City Fire Insurance Company						
INSURED				INSURER B:	, , , , , , , , , , , , , , , , , , , ,						
BARNES ALARM SYST	EMS INC			INSURER C :							
3201 FLAGLER AVE S	ΓE 503			INSURER D :							
KEY WEST FL 33040-4	693										
					INSURER E :						
					INSURER F:						
COVERAGES				NUMBER:							
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED.NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.											
INSR TYPE OF INS	URANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYY)	LIMITS	5			
COMMERCIAL GEN	IERAL LIABILITY	INSK	1440		(WIWI/DD/TTTT)	(MM/DD/T TTT)	EACH OCCURRENCE				
CLAIMS-MADE	OCCUR						DAMAGE TO RENTED				
							PREMISES (Ea occurrence) MED EXP (Any one person)				
		1					PERSONAL & ADV INJURY				
GEN'L AGGREGATE LIN	MIT APPLIES PER						GENERAL AGGREGATE				
POLICY PRO	- Loc						PRODUCTS - COMP/OP AGG				
OTHER:											
	v						COMBINED SINGLE LIMIT				
AUTOMOBILE LIABILITY							(Ea accident)				
ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per person)				
AUTOS	AUTOS						BODILY INJURY (Per accident)			
HIRED AUTOS	NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)				
	1						,				
UMBRELLA LIAB	OCCUR						EACH OCCURRENCE				
EXCESS LIAB						AGGREGATE					
DED RETENTION		1									
WORKERS COMPENSA	· · · · · · · · · · · · · · · · · · ·						PER X OTH	-			
AND EMPLOYERS' LIA	BILITY						STATUTE A ER				
Δ PROPRIETOR/PARTNE	PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			76 WEG AC7618	02/17/2019	02/17/2020	E.L. EACH ACCIDENT	\$1,000,000			
OFFICER/MEMBER EXC					02/11/2010		E.L. DISEASE -EA EMPLOYEE	\$1,000,000			
If yes, describe under							E.L. DISEASE - POLICY LIMIT	\$1,000,000			
DESCRIPTION OF OPE	RATIONS below										
DESCRIPTION OF OPERATIO	NS/LOCATIONS/N	 /EHICLE	S (ACORE	D 101, Additional Remarks S	 chedule, mav be atta	ched if more spac	e is required)				
Those usual to the Insu			•	,	, ,		. ,				
CERTIFICATE HOLDI	ER				CANCELLATION						
Monroe County School							E DESCRIBED POLICIES				
1310 UNITED ST	440				BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
KEY WEST FL 33040-3	412			-	AUTHORIZED REPRESENTATIVE						
					Sugan S. Castaneda						
L					0.400	0.00400-	D CODDODATION A				